

GOVERNMENT RECORDS REQUEST FORM

1. Requestor's Information:
 - a) Name: _____
 - b) Address: _____

 - c) Telephone Number: _____
2. Description of records sought: _____

3. Are records available? _____
4. Date records will be available: _____
5. Fee: _____
6. Deposit required: _____
7. If the request is denied, please state the reasons: _____ -

Persons desiring to review or receive copies of government records held by the Borough of Lindenwold shall complete this form and present it to the Borough Clerk during normal business hours. Prepayment of fees is required when the expected costs of copying exceeds \$15.00. Records will normally be available for inspection within seven (7) days of the request. In the event you disagree with any decision concerning your

request, you have the right to file an appeal pursuant to N.J.S.A. 47:1A-1 et. seq. In the event copies are requested the charge is:

A. Copies – Letter Size or Smaller \$0.05 per page

B. Copies - Legal Size or Larger \$0.07 per page

Special service charge may apply as per N.J.S.A. 47:1A-5c

Whenever the requested documents cannot be reproduced by ordinary means or whenever the request involves an extraordinary expenditure of time and effort there will be a special service charge based upon the actual direct costs of providing the copies. An extraordinary expenditure of time and effort shall be instances where in the opinion of the custodian the time involved in gathering the records will exceed two hours. In that event the special service charge shall be the number of estimated hours to compile and/or copy the requested records times the normal hourly rate of the employee designated to gather and/or copy such records. A deposit equal to this special service charge plus the regular fees will be required to be posted. In the event that the actual time is different than the estimate, additional payment or a refund, as the case may be, shall be required. The custodian shall redact from any record any social security number, credit number, unlisted telephone number and/or driver's license number of any person.

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Signature of Requestor: _____

Date of Request: _____

Date requested received by custodian: _____

Date request fulfilled or denied: _____

Signature of Custodian: _____